



RETIREE DIRECT DEPOSIT APPLICATION

(Electronic Funds Transfer)

Please check one: Specific Amount _____ Net _____

\$ _____ Specific Dollar Amount per pay (Do Not enter if Net is checked above).

You may have up to 2 direct deposits to any Financial Institution; one for a specific amount and one for net pay. Use a separate form for each. YOU MUST HAVE A NET DIRECT DEPOSIT.

INSTRUCTIONS: THIS FORM IS FOR OAKLAND COUNTY RETIREES ONLY.

To begin or change an Electronic Funds Transfer (EFT), carefully read and complete Section A below. Then take this form to your bank or credit union and have them complete the information in Section B. Return the completed form to the Human Resources Department at the address at the bottom of the form.

DO NOT CLOSE YOUR OLD ACCOUNT UNTIL THE CHANGE HAS TAKEN EFFECT.

SECTION A: Please Print Clearly or Type			
RETIREE NAME	ID#		
STREET ADDRESS	CITY, STATE, ZIP		
DEPARTMENT RETIRED	HOME PHONE ()	WORK PHONE ()	
EMAIL (OPTIONAL)			
By providing an email address I am indicating that I wish to receive my direct deposit statements at this email address rather than through U.S. mail. I understand that this authorization remains in effect until further notice from me.			
I authorize Oakland County to deposit funds owed me by the County, by direct deposit (electronic funds transfer) into the designated financial institution and account number listed below. I understand this authorization remains in effect until further notice from me.			
I authorize Oakland County to recover funds electronically deposited in my account in error, either by adjusting or debiting the account, or withholding future payments. I understand I will be notified by Oakland County if adjustments or debits are being made.			
I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and Oakland County's rules about electronic funds transfers as they exist on this date or as subsequently adopted, amended or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law.			
Retiree's Signature _____		Date _____	
SECTION B: To Be Completed By Bank or Credit Union Only. Please Print Clearly or Type			
NAME OF FINANCIAL INSTITUTION		ROUTING /TRANSIT# (9 digits) _____	
STREET ADDRESS		ACCOUNT # _____	
CITY, STATE, ZIP		CHECK ONE ONLY __ SAVINGS __ CHECKING	
I certify that this <u>account number</u> and the Routing (transit) number are accurate to facilitate an Electronic Funds Transfer. As a representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the funds of this applicant.			
PRINT REPRESENTATIVE NAME & TITLE		TITLE OF REPRESENTATIVE	
REPRESENTATIVE SIGNATURE		DATE	TELEPHONE # ()

RETURN COMPLETED FORM TO:

FAX: (248)858-1511

**OAKLAND COUNTY HUMAN RESOURCES DEPT 440
ATTN: DAWN WESTLUND – RETIREMENT
2100 PONTIAC LAKE RD
WATERFORD MI 48328-0440**